
HEALTH CARE SPENDING AND QUALITY BENCHMARK RECOMMENDATIONS



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AGENDA

- Benchmark Background
- Spending Benchmark
- Quality Benchmarks
- Implementation Approach
- Implementation Timeline



BENCHMARK BACKGROUND

ROAD TO VALUE

Support **patient-centered, coordinated care.**

Prepare the health care provider **workforce and infrastructure.**

Improve health for **special populations.**
Engage **communities.**

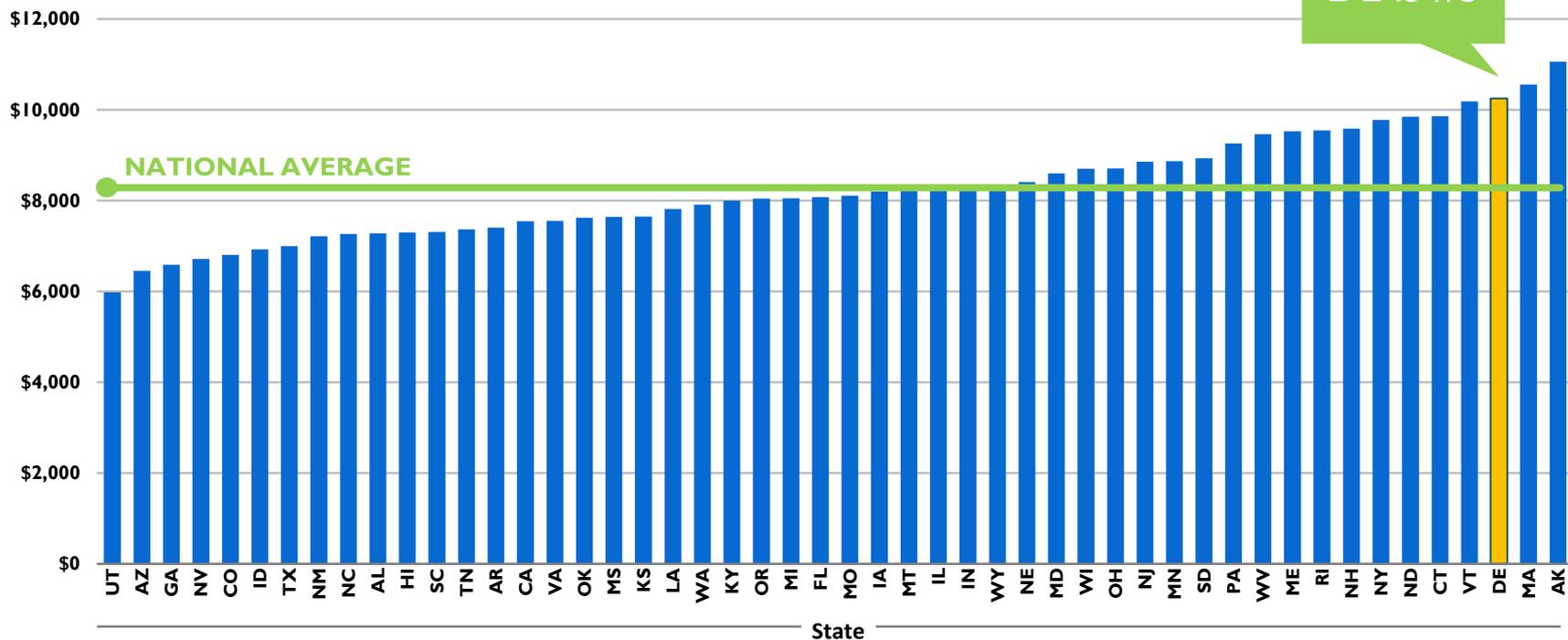
Ensure **data-driven** performance.

Pay for Value

Improved Quality and Cost

CRITICAL DATA: DELAWARE SPENDS MORE ON HEALTH CARE THAN MOST OTHER STATES

PER-CAPITA PERSONAL HEALTH CARE EXPENDITURES, 2014



NOTE: District of Columbia is not included.

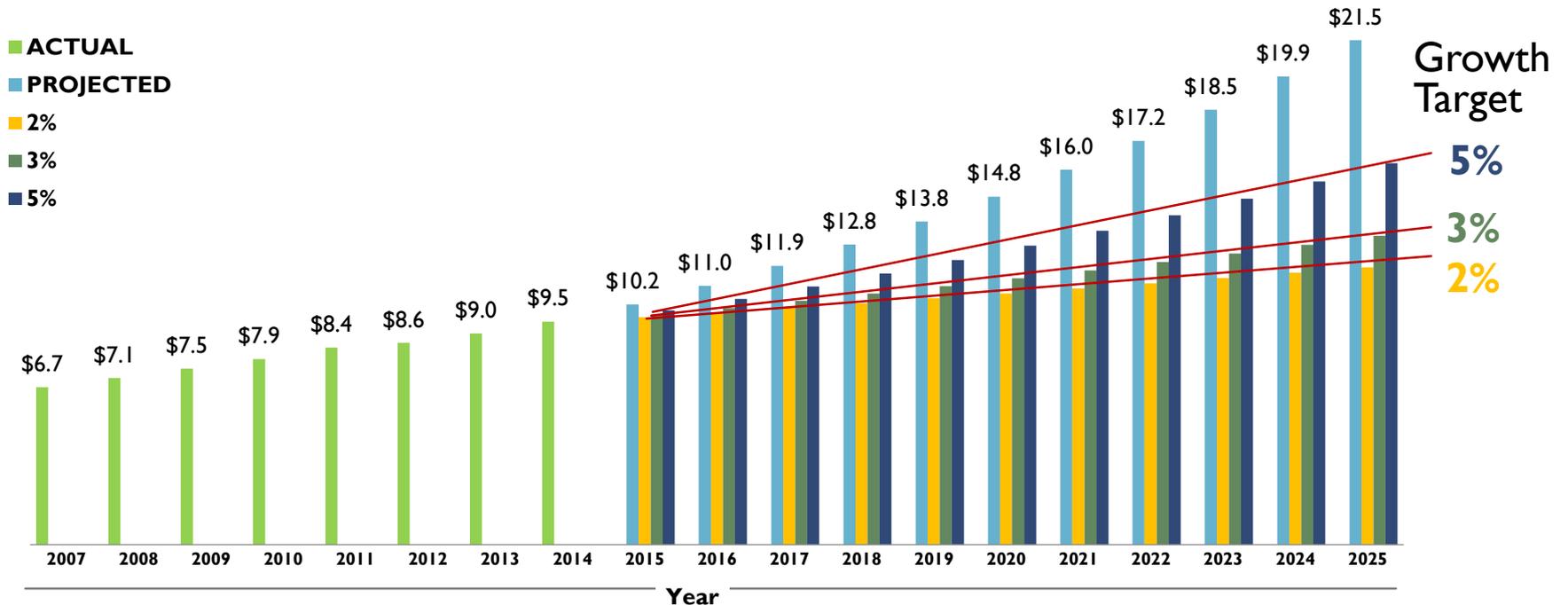
SOURCE: Centers for Medicare & Medicaid Services, *Health Expenditures by State of Residence*, CMS, 2017.

CRITICAL DATA: DELAWARE'S OVERALL HEALTH IS POOR

- Our population is **older and aging** faster.
- We are **sicker** than the average state.
- Large investments have yielded marginal improvements — we are **ranked 30th for overall health** in America's Health Rankings.

RANKED
30

CRITICAL DATA: DELAWARE'S TOTAL HEALTH SPENDING WILL DOUBLE FROM 2015 TO 2025



SOURCE: Centers for Medicare & Medicaid Services, *Health Expenditures by State of Residence*, CMS, 2017

FOUNDATION FOR BENCHMARK DEVELOPMENT

- Early payment reform work of the Delaware Center for Health Innovation
- House Joint Resolution 7 authorized the establishment of an annual health care benchmark
- Benchmark summits
- Executive Order 19 established an Advisory Group of Delaware health care leaders
 - The group was formed, met multiple times, and then submitted its report on spending and quality benchmark methodologies in June 2018
- Based on the Advisory Group's feedback, Secretary Walker made recommendations on health care spending and quality benchmarks to Governor Carney in August 2018





SPENDING AND QUALITY BENCHMARKS

PURPOSE OF THE SPENDING AND QUALITY BENCHMARKS

- Spending and quality benchmarks measure and monitor both the cost of health care in Delaware and the quality of the care being delivered.
- The ultimate goal is to deliver better care at an affordable cost, which will lead to an overall healthier Delaware.



SPENDING BENCHMARK METHODOLOGY

- The spending benchmark will set a target for growth of health care costs that the State, payers and providers will strive to stay below.
- The rate will be calculated as the per-capita potential gross product growth



QUALITY BENCHMARK METHODOLOGY

The health care quality benchmarks are intended to improve health care for and the health status of Delawareans and must be:

- Patient-centered and meaningful to patients
- High impact that safeguards public health
- Aligned across programs and with other payers
- An opportunity for improvement
- Actionable by providers
- Operationally feasible and not burdensome
- Drawn from the Delaware Common Scorecard
- Financially impactful in the short or long term

All benchmarks should also represent all populations.

RECOMMENDED QUALITY BENCHMARKS



#1

Ambulatory care-sensitive
condition (ACSC)
emergency department
visits



#2

Opioid-related
overdose deaths and
co-prescribed opioid
and benzodiazepine
prescriptions



#3

Cardiovascular
disease prevention
and treatment

REDUCING ACSC EMERGENCY DEPARTMENT VISITS

ED visits in the state are above the expected level, but below the national average.

- According to the CDC, in the U.S. overall, there are 42 ED visits per 100 persons.
- Many ED visits are for non-urgent or primary-care-treatable issues.



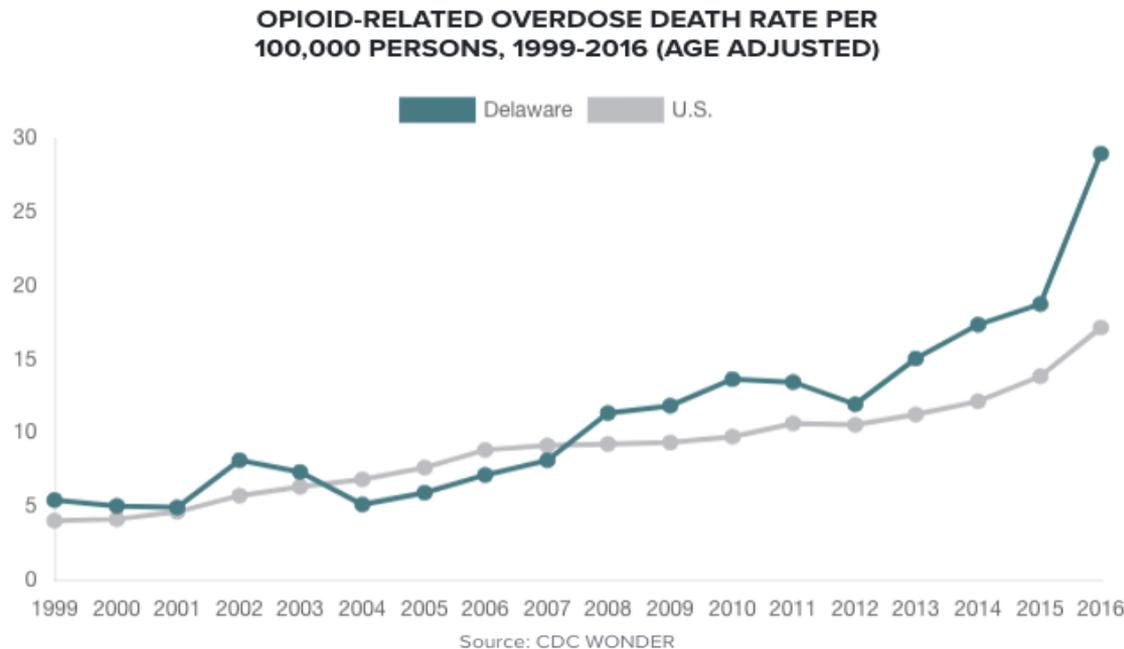
Quality Benchmark

#1

TAKING EFFECTIVE ACTION TO COMBAT THE OPIOID EPIDEMIC

Deaths due to opioid use continue to increase in Delaware -- in 2017, 345 individuals died from drug overdose.

- The CDC ranked Delaware first in the nation for high-dose opioid prescribing, and second in the nation for prescribing long-acting opioids.



REDUCING THE BURDEN OF CARDIOVASCULAR DISEASE

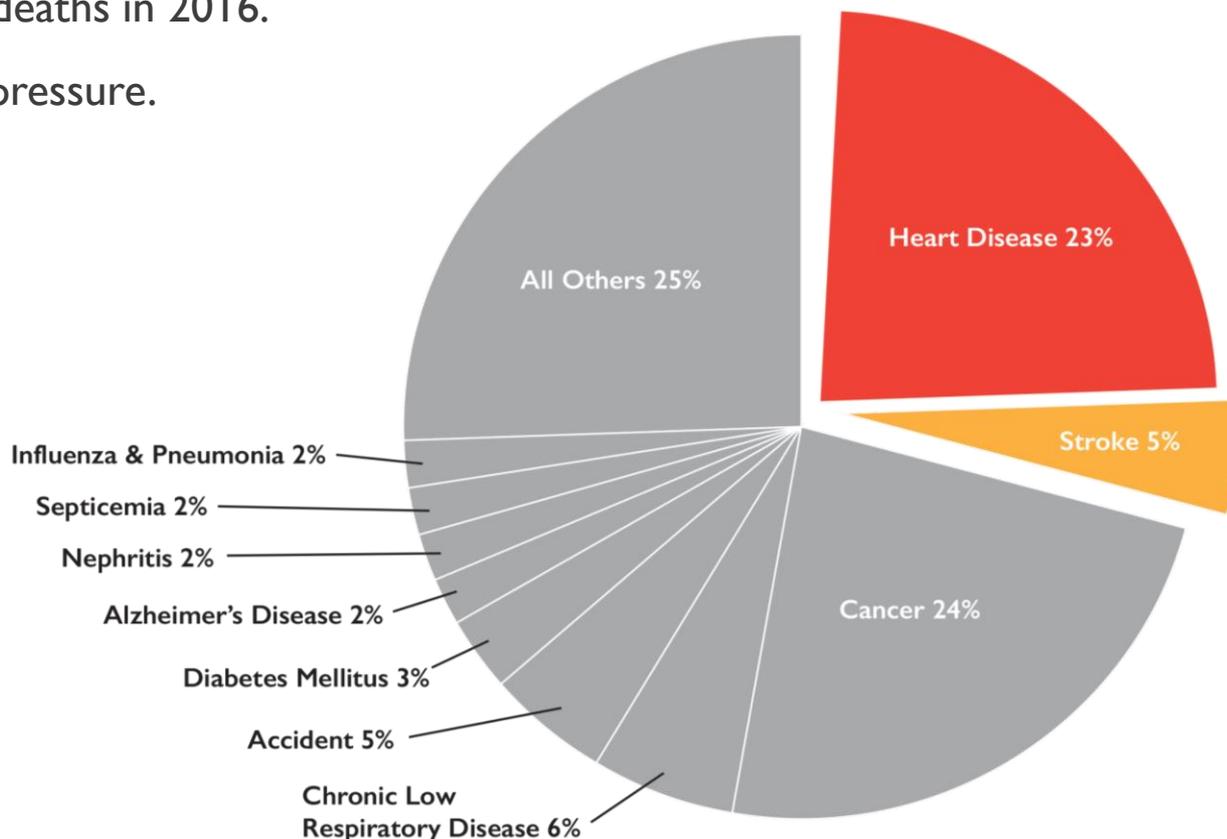
Heart disease is the second-leading cause of death in Delaware, accounting for 23% of all deaths in 2016.

- 35% have high blood pressure.
- 31% are obese.
- 20% smoke.



Quality Benchmark

#3



RECOMMENDATIONS ON HOW THE SPENDING AND QUALITY BENCHMARKS WILL BE MET

- Set aspirational and attainable goals.
- Evaluate where we are every three years for quality and every five years for costs.
- Oversight by a Health Care Commission advisory group who will:
 - Contract for analytics.
 - Leverage existing data from DHIN.
 - Publicize findings.
- Create a technical manual to describe the process for assessing performance against the benchmarks.
- Analyze variations in health care delivery and costs.
- Give community partners and other interested parties a way to use our analysis to address identified opportunities for improvement.

RECOMMENDATIONS ON HOW TO MANAGE THE SPENDING AND QUALITY BENCHMARKS

In the recommendations to Governor Carney, the Health Care Commission would change in these ways:

- Include one or more insurers
- Limit the number of provider seats
- With the next Chair, ensure that individuals employed by or contracting with insurer or provider organizations subject to the benchmarks not head the HCC

WE ALREADY ARE ON THE ROAD TO VALUE

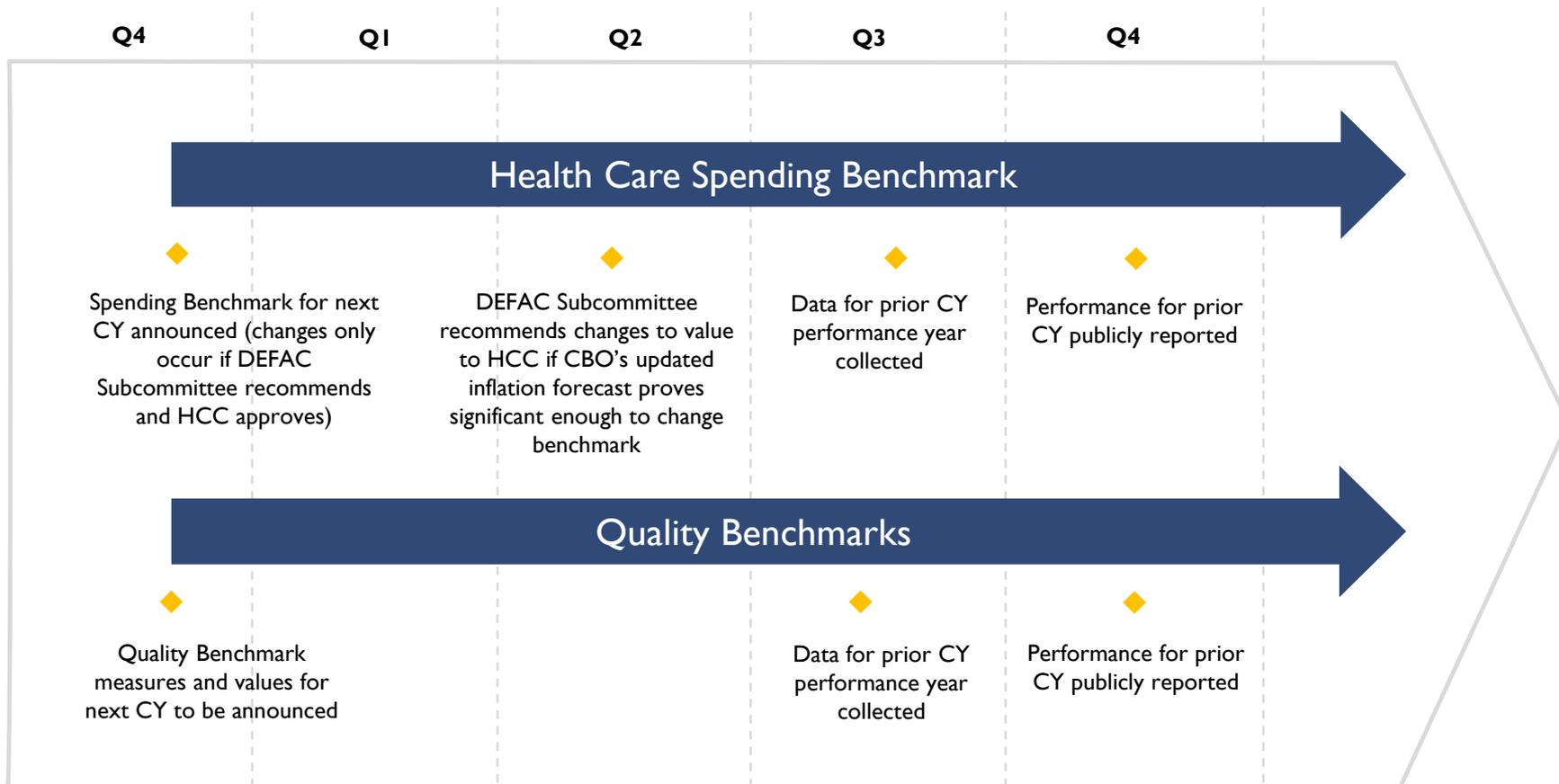
- Practice Transformation
- Patient-Centered Care
- Behavioral Health Integration
- Payment Reform
- Medicaid/Value-Based Purchasing
- Health IT/Telehealth
- Healthy Communities Delaware



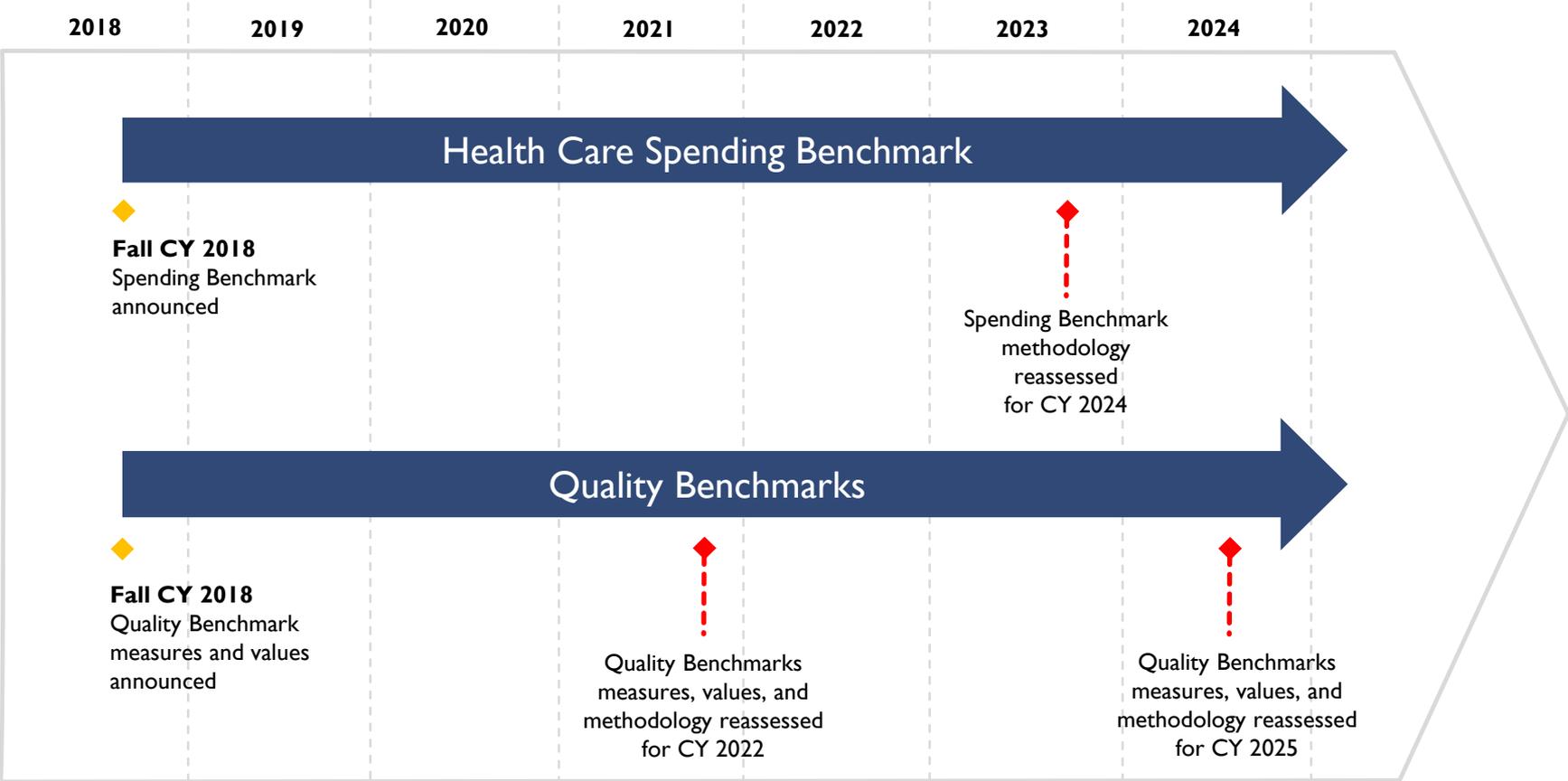


SPENDING AND QUALITY BENCHMARKS TIMELINE

RECOMMENDED BENCHMARK SHORT-TERM TIMELINE



RECOMMENDED BENCHMARK LONG-TERM TIMELINE



CONTINUE THE CONVERSATION

- Share your feedback with us through OurHealthDE@state.de.us.
- Visit ChooseHealthDE.com for more information and to sign up for updates.





THANK YOU. QUESTIONS?

